

RECEIVED
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**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Coburn for Senate 2010

ADDRESS (number and street)

228 S. Washington St., Ste. 115

Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

C

C00409888

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

ZIP CODE ▲

STATE ▼ DISTRICT

OK

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY
10 / 01 / 2013MM / DD / YYYY
01 / 31 / 2013MM / DD / YYYY
12 / 31 / 2013

through

MM / DD / YYYY
12 / 31 / 2013MM / DD / YYYY
01 / 31 / 2013MM / DD / YYYY
12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Lisker

Signature of Treasurer

Lisa Lisker

Date

MM / DD / YYYY
01 / 29 / 2014MM / DD / YYYY
01 / 29 / 2014MM / DD / YYYY
01 / 29 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only**FEC FORM 3**
(Revised 02/2003)